

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	DR	32	1/30
FORMALITY REVIEW	WT	571	02/01/01
RESPONSE FORMALITY REVIEW	A	676	02/01/01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral) ...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final Original	8/1/01
1 ✓ ✓ ✓	8/1/01
2 ✓ ✓ ✓	8/1/01
3 ✗ ✓ ✓	8/1/01
4 ✗ ✓ ✓	8/1/01
5 ✗ ✓ ✓	8/1/01
6 ✗ ✓ ✓	8/1/01
7 ✗ ✓ ✓	8/1/01
8 ✗ ✓ ✓	8/1/01
9 ✗ ✓ ✓	8/1/01
10 ✗ ✓ ✓	8/1/01
11 ✗ ✓ ✓	8/1/01
12 ✗ ✓ ✓	8/1/01
13 ✗ ✓ ✓	8/1/01
14 ✗ ✓ ✓	8/1/01
15 ✗ ✓ ✓	8/1/01
16 ✗ ✓ ✓	8/1/01
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20 ✗ ✓ ✓	8/1/01
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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LAST AVAILABLE COPY

Re
02/01/01